

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>	<i>LM</i>	<i>32</i>	<i>6/6/01</i>
<b>FORMALITY REVIEW</b>	<i>LS</i>	<i>999</i>	<i>08/08/01</i>
<b>RESPONSE FORMALITY REVIEW</b>	<i>gjh</i>	<i>1020</i>	<i>1-7-02</i>

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Canceled.      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

**BEST AVAILABLE COPY**

Claim	Date
Final	Original
1	10/02
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5	✓
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49	
50	✓

Claim	Date
Final	Original
51	10/02
52	10/02
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69	✓
70	✓
71	0
72	✓
73	0
74	✓
75	✓
76	✓
77	✓
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99	
100	✓

Claim	Date
Final	Original
101	10/02
102	10/02
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150	✓

If more than 150 claims or 10 actions  
staple additional sheet here

617-02  
1-7-02